

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	A K R A M		04-04-01
O.I.P.E. CLASSIFIER			7/10/01
FORMALITY REVIEW	H-T	1117	10/05/01
RESPONSE FORMALITY REVIEW	H-S	866	12-13-01

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ... Canceled  
 + ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
12	8
13	26
02	03
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5	✓✓
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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1499  
10/03/01  
617  
12-13-01